

**Referral to the  
Virginia Special Supplemental Nutrition Program  
for Women, Infants and Children (WIC)**

The following medical information is required by the WIC Program for certification:

Applicant's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Date of Exam: \_\_\_\_\_ Length/Height: \_\_\_\_\_

Weight: \_\_\_\_\_ Birth Weight (if under 2 yrs. of age): \_\_\_\_\_

If applicant is 6 months or older: Hgb: \_\_\_\_\_ or Hct: \_\_\_\_\_

EDD (if pregnant): \_\_\_\_\_ or Actual Delivery Date: \_\_\_\_\_

Please document any nutrition-related medical conditions: \_\_\_\_\_

The WIC Program provides the following formulas for infants. Please check (✓) the appropriate formula:

\_\_\_\_\_ Similac with Iron \_\_\_\_\_ Isomil (soy-based)

Other formulas may be prescribed but must include a medical reason

Formula Prescribed: \_\_\_\_\_

Medical Reason: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Health Facility: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

The WIC Program is an Equal Opportunity Program which does not discriminate on the basis of race, color, national origin, age, sex or disability. If you believe discrimination has occurred, write immediately to the Secretary of Agriculture, Washington, D.C. 20250.